

Application Data Sheet

Application Information

Application number::
Filing Date::
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of copies of CDs::
Sequence submission?::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: Control Of Treatment Therapy During Start-Up
And During Operation Of A Medical Device
System
Attorney Docket Number:: 11738.00134
Request for Early Publication?:: NO
Request for Non-Publication?:: NO
Suggested Drawing Figure::
Total Drawing Sheets:: 33
Small Entity?:: NO
Latin name::
Variety denomination name::
Petition included?:: NO
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: NO

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	USA
Status::	Full Capacity
Given Name::	Ivan
Middle Name::	
Family Name::	Osorio
Name Suffix::	
City of Residence::	Leawood
State or Province of Residence::	Kansas
Country of Residence::	USA
Street of mailing address::	4005 W. 124 th Street
City of mailing address::	Leawood
State or Province of mailing address::	Kansas
Country of mailing address::	USA
Postal or Zip Code of mailing address::	66209
Applicant Authority Type::	Inventor
Primary Citizenship Country::	USA
Status::	Full Capacity
Given Name::	Mark
Middle Name::	G.
Family Name::	Frei
Name Suffix::	
City of Residence::	Lawrence
State or Province of Residence::	Kansas
Country of Residence::	USA
Street of mailing address::	2513 Via Linda Drive

City of mailing address:: Lawrence
State or Province of mailing address:: Kansas
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 66047

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: David
Middle Name:: L.
Family Name:: Carlson
Name Suffix::
City of Residence:: Fridley
State or Province of Residence:: Minnesota
Country of Residence:: USA
Street of mailing address:: 141 46th Avenue NE
City of mailing address:: Fridley
State or Province of mailing address:: Minnesota
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 55421

Correspondence Information

Correspondence Customer Number:: 22908

Representative Information

Representative Customer Number:: 22908

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

This Application	Non-Provisional of	60/503,793	09/19/03
This Application	Non-Provisional of	60/418,638	10/15/02

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: Medtronic, Inc.
 Street of mailing address:: 710 Medtronic Parkway NE
 LC 340
 City of mailing address:: Minneapolis
 State or Province of mailing address:: Minnesota
 Country of mailing address:: USA
 Postal or Zip Code of mailing address:: 55432